



**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	The Stamford Hospital	
Doing Business As	The Stamford Hospital	
Name of Parent Corporation	Stamford Health System, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	30 Shelburne Rd, Stamford, CT 06904	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Kathleen A. Silard, Senior Vice President, Operations	
Contact person's street mailing address	30 Shelburne Road, Stamford, CT 06904	
Contact person's phone #, fax # and e-mail address	Phone 203-276-7505 Fax 203-276-5529 e-mail:ksilard@stamhealth.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Renovation of Radiology Suite

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|---|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input checked="" type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☒ Equipment Acquisition greater than \$ 400,000

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input checked="" type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

30 Shelburne Road, Stamford, CT 06904

d. List all the municipalities this project is intended to serve:

The municipalities will be the same as are currently served and reflect the Stamford Hospital's primary and secondary service areas which are as follows: Primary – Stamford and Darien, Secondary – New Canaan, Cos Cob, Greenwich, Old Greenwich, Riverside, Norwalk, Wilton and Westport and Extended - Fairfield, Southport, Ridgefield, Weston, Bedford, NY, Bedford Hills, NY, Katonah, NY, Mt. Kisco, NY, Port Chester NY, Pound Ridge, NY, Rye, NY and South Salem, NY.

e. Estimated starting date for the project: Nine months after CON approval.

- f. Type of project: 1, 10, 22 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 1,463,137
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$385,000
Medical Equipment (Purchase)	\$1,078,137
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$1,463,137
Fair Market Value of Leased Equipment	
Total Capital Cost	\$1,463,137

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Cardiovascular Lab	Innova 3100	GE	1	\$904,345

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment. See *Exhibit A*.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: _____

Project Title: _____

I, _____,
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that _____ complies with the appropriate and
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.

Signature

Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

The Stamford Hospital
Renovation of Radiology Suite

The Stamford Hospital (TSH) is proposing to expand its current vascular interventional radiology (VIR) suite, located on the Ground floor of the Warner Building of the Hospital, by renovating 825 square feet of existing space within the current Diagnostic Imaging Department. This space renovation will accommodate a dual purpose Cath/VIR Lab as well as a new Control Room, Equipment Room and necessary ancillary support spaces. Equipment will also be added. TSH currently provides both diagnostic cardiac and vascular imaging services and this proposal will provide added flexibility in scheduling procedures and assure adequate back-up for these services.

The population to be served is the same as the current THS Primary, Secondary and Extended service areas which are as follows: Primary – Stamford and Darien, Secondary – New Canaan, Greenwich, Old Greenwich, Riverside, Cos Cob, Norwalk, Wilton and Westport and Extended - Fairfield, Southport, Ridgefield, Weston, Bedford, NY, Bedford Hills, NY, Katonah, NY, Mt. Kisco, NY, Port Chester NY, Pound Ridge, NY, Rye, NY and South Salem, NY.

Need for this project is based on TSH having the capability to assure patients within its service area that cardiac diagnostic and vascular imaging services are available 24 hours per day/7 days a week. Currently, there is limited to no services available if the current Cath Lab and VIR Lab go down – for the VIR Lab there is no back up, and for the Cath Lab, the VIR Lab is the back-up. The VIR Lab is not an optimal back up for the Cath Lab due to the size of the image intensifier located in that room. This proposal would eliminate these space constraints by incorporating digital flat screen technology in the proposed dual purpose Cath/VIR Lab. The digital flat screen technology would be used for both diagnostic cardiac catheterization and vascular imaging procedures.

Greenwich Hospital and Norwalk Hospital provide these services within lower Fairfield County. The effect of the project on the health care delivery system in Connecticut will be a broader and more consistent level of these services at TSH which will lead to better and more prompt patient care.

TSH will continue providing these services under its existing license. The payers of the services will remain unchanged.

EXHIBIT A

FOR INTERNAL GE USE ONLY

GE Healthcare

Preliminary Proposal

To: STAMFORD HOSPITAL
6 SHELBURNE RD
Stamford, CT 06902

From: Edward Thomas Kilcoyne
1400 Computer Drive
Westborough, MA 01581-5088
(508) 870-5200

M3IC9L.M3I01 Wednesday, September 07, 2005

Qty **Catalog#**

Description

Price

GE Innova 3100 CardioVascular Lab 9-7-05 (NYP Discounting)

GE Innova 3100 CardioVascular Lab

- 1 S18731AE INNOVA 3100 All-Digital Cardiovascular Imaging System
Innova LC Positioner
- Vfi-195/1195 Floor mounted L-Arm with Offset C-Arm gantry
 - Patented 3-Axis Isocentric Design
 - Innova Digital Flat Panel Image Chain
 - Revolution Digital Flat Panel Imaging System/v
 - Completely Digital Imaging Chain
 - Amorphous Silicon Photodiode Array
 - Lang1033 - Cesium Iodine Scintillator
 - 30 cm x 30 cm Active Area
 - Innova J Type SP 100kW Multipulse Power Unit
 - Automated Image Acquisition
 - Insite Remote Diagnostics Service Contract
 - Grid Pulsed Fluoroscopy
 - Performix 160A X-Ray Tube:
 - 1.0, 0.6, and 0.3mm (Biased) Effective Focal Spots
 - Grid Pulsed Fluoroscopy
 - 3.7 MHU Anode heat storage capacity
 - 3200 Watt continuous casing heat dissipation
 - Continuous water cooling - external chiller
 - Innova Angiographic Collimator
 - Auto Spectral Filters - .1, .2, and .3 mm thick
 - 3 independent motorized contour filter plates with a central leg filter
 - Tableside control
 - Standard Innova 4100 User Interface Package
 - Keyboard and mouse
 - Integrated Generator, System, and DL Digital Controls on Monitor
 - Tableside TSSC with Contour Filter Controls, collimation, 72 stored gantry positions, and landscaped roadmapping
 - Tableside Smartbox Control
 - Auxiliary Upright Table Panning Handle
 - Dual Footswitch with table unlock
 - InfraRed Remote Control/v
 - Innova DL Digital Imaging Subsystem
 - Conventional Angiographic Acquisition - .5 to 7.5 fps
 - Dynamic Cineangiographic Acquisition - 15 and 30 frames per second
 - Pulsed Fluoroscopy at 30 or 15 fps
 - On-the-Fly Field of View Adjustment with Four Mag Selections (40 cm, 32 cm, 20 cm, and 16 cm)
 - Integrated X-ray Dose Tracking
 - Dose information stored on the Exam Browser
 - Image Storage of 36,000 1024x1024 Images

- DICOM Image Output on 100mbit Ethernet with Background Auto-send
- Images sent 1024x1024 Acquisition Resolution or Standard 512x512 DICOM Format Uncompressed
- Automatic background image transfer
- Automatic Injection
- User defined acquisition protocols
- Image Display
 - In- Room Standard Image Display
 - Control Room Display
- Contains 43 cm (18") LCD Flat Panel Live Monitor
- Standard Accessories
 - Clear Vu Arm Support
 - ArmBoard HB 1 Horizontal
 - Velcro Quick Strap set

Broadband Built In

System is ready for high speed internet connection. Enables customer to access GE Healthcare Digital Services designed to improve quality, expand imaging capabilities, increase productivity, reduce costs, reduce downtime, and increase privacy and security of data transmission.

One full year warranty is provided on the System and Revolution detector.

1 E4502JE

Features/Benefits

- Vi-195Vi195 Panel provides emergency shut down, undervoltage protection, overcurrent protection, OSHA lockout tag provisions, and serves as a local disconnect for the Innova 4100 system
- Reduces installation time and cost by providing a single-point power connection eliminating the need to mount and wire a number of individual components
- Standardized design and testing assures high product quality and system reliability
- Automatic restart restores power to the system after any power outage reducing system downtime and improving system performance
- Automatic power restoration speeds system recovery after a power anomaly
- Automatic restart circuit maintains DC control circuit for 48 hours minimum for extended blackout protection
- Please consult your GE Medical Systems Field Engineer to determine if this is the appropriate product for your needs before purchasing

Specifications

- Vi-195Vi195 Each X-Ray Main Disconnect Panel sold individually
- Dimensions (Height x Width x Depth): 36 in. x 24 in. x 1 in. (914.4mm x 609.6mm x 25.4mm)
- Weight: 140 lbs. (64 kg)
- Available in 480 Volt, 200 Ampere, 60 Hz rated models
- Mounting via keyhole slots: Width is 18 in. on centers; Height is 34.5 in. on centers (see diagram)
- 18,000 AIC rated breaker is suitable for the high available short circuit currents commonly available within hospital facilities
- UL and cUL listed for compliance with National Electric Code paragraph 110-9
- Surface or semi-flush mounting

Compatibility

- Vi-195Vi195 Tested for use with the GE Innova 4100 System
- GE directly provides replacement of non-conforming components for 1 year.
- Customer is responsible for arranging for installation with a certified electrician

ITEM IS NON-RETURNABLE AND NON-REFUNDABLE

1 S18061FL

Omega V Angiographic Table for the Innova 4100

The Omega V Angiographic Table is a Motorized, Full Featured Vascular Table that Allows Easy Patient Positioning.

- Mechanical Float for Complete Flexibility in Patient Positioning

- 131 Inches Long; 18 Inches Wide; 67 Inches Longitudinal Travel for Full Coverage of a Six Foot Six Inch Patient
- Power Assist for Easy Longitudinal Movement of Heavy Patients
- Motorized Longitudinal Travel for Use with Remote Bolus Chase
- Motorized Variable Height From 30.5 Inches to 42.5 Inches Above Floor
- Carbon Fiber Tabletop Provides Maximum Rigidity with Low Absorption and Scatter
- +/-180 Degree Rotation Allows Fingertip to Fingertip Imaging without Moving the Patient on the Tabletop and Provides Easy Patient Access for Transfer or Emergency Situations
- 450 Pound Patient Weight Rating for Mask to Contrast Image Repositioning Accuracy with Tabletop Fully Extended
- Includes GE Table Panning Device, a Table Mounted Vertical Grip for Faster and Easier Table Lock Release and Panning

1 S18721S Primary SmartHandle+

Single-handed, Simultaneous Control of Positioner and Table Movements From the SmartHandle Operator Control

- \fi-195\li195\tx360 Anatomical and Mechanical Positioning
- Independent or Simultaneous Movement of All Three Positioner Axes
- Remote SID Control
- Manual or Motor Assisted 4-way Table Panning
- Ergonomic Design
- {*\pn\pnlvbl\pnf2\pnindent195{\pntxtb\B7}}\fi-195\li195 Hermetically Sealed

1 S18051NC Mark V+ Provis Pedastal Injector Interface

4-LCD Monitor Suspension with 3-LCD Monitors

1 S18391BF 4 Monitor Suspension for LCD Monitors. Includes 36 meter cable.

1 S18461EA Contains two (2) 18 inch Flat Display (LCD) Monitors for Use in the Exam Room Monitor Boom.

1 S18381AW 18" Color LCD In-Room AW Repeater Monitor

- \fi-195\li195\ri720 18" Color LCD Monitor adapted for In-room Monitor support
- Cabling from AW Workstation to Monitor
- Signal output from AW to in-room monitor
- Video Splitter providing second signal to Monitor

AW4.2 Workstation

1 M80501VC Advantage Workstation 4.2P X-ray without Volume Viewer Plus
Includes:

- Two 18" flat panel monitors
- Advanced X-ray Analysis (Subtraction, Pixel Shift)
- Data Export
- CD-RW
- DICOM Print

- 4GB RAM

- 1 S18021CB Cardiac Analysis Package for AW 4.2. Includes:
- Vfi-195\1195 Stenosis Analysis Option (Does not require external calibration.)
 - Ventricular Analysis Option (wall motion and ejection fraction.)
 -

X-ray and AW Applications

1 W0100RA **Recommended Training Package**

During the first visit, the applications specialist will work with the medical and technical staff on basic, intermediate and advanced system operation and patient procedures. The training produces the best results when a dedicated core group of 3-5 technologists complete the session with a modified patient schedule. It is suggested that key physicians are available to participate in the advanced acquisition and software post-processing of the images.

The 2 day revisit is suggested after the staff has run the system for at least 4 weeks, however this is flexible based on the site needs. The training will focus on the intermediate and advanced functions of the system or special needs of the clinical site. The training produces the best results when the same dedicated core group of 3-5 technologists from the initial visit complete the session with a modified patient schedule.

- 1 W0600RA Ονε 2 δαψ ΤίΠ ονατε πισιτ φορ Ξ-ραψ Αδπαανταγε Ωινδοωσ Ωορκστατιον τραινινγ

Miscellaneous Items

- 1 S18741CG BOLUS CABLE SET-100FT/30M
- 1 S1870CN Innova Shipping Container
- 1 S18101SF Above Grade and Through Bolts
- 1 S18101SM Vascular Base Plate Assembly
- 1 S18101SP Installation Template
- 1 S18101SX Rails and Cable Drapes
- 1 S18111SB 9'6" In Board Monitor Bridge
- 1 S18111SL Select to do
- 1 S18121TB X-ray Digital Detector Coolant Kit
- 1 S18131SB 228 inch/579 cm Inboard Rails
- 1 S18741CA Innova 3100/4100 Group 3 Cable

- 1 S18741CB Innova 3100/4100 Group 4-5 Cable
- 1 S18741CD Innova 3100/4100 Group 1 Cable - Max Length
- 1 S18741CF Innova Group 2 Cable - Maximum Length
- 1 S18741ET Innova Omega 5 Table Elevator
- 1 S18741PA Innova 3100/4100 Pre-installation Manual
- 1 S18741TP Omega V and Elegance Table Base Plate Assembly

TOTAL NET EQUIPMENT SELLING PRICE**\$904,345.00****EQUIPMENT OPTIONS****Advanced Applications****3D Application with Volume Viewer Plus**

- 1 S18741GD Normal;}{\s1 heading 1;}}
System State-of-the-Art Technology Advancement Program Catalog Number **\$65,000.00**
- This purchasable program is provided to allow the customer to maintain their vascular system at a state of the art technology level.
 - Terms
 - This State-of-the-Art Technology Advancement evergreen program is subject to the same payment terms as the rest of the quotation
 - Expiration of Program Period
 - Program expires 15 months after receipt of order
- Evergreen State-of-the-Art Technology Advancement Commitment
- GE Medical systems will provide any State-of-the-Art Technology Advancement commercially available during the Program Period relating to the acquisition, reconstruction and visualization of 3 Dimensional Vascular images.
 - Customer is responsible for any room construction costs and downtime related issues associated with the installation and room renovation required to implement the State-of-the-Art Technology

Advancement associated with this evergreen technology program.

- If no State-of-the-Art Technology Advancement becomes available during the Program Period, GEMS will refund any paid portions of the purchase price of this catalog number to the customer upon expiration of the program.

Customer is responsible for the proper accounting of all payments made to GEMS in the manner required under any federal or state program that provides reimbursement to the Customer for or related to any products or services provided under this Agreement. Amounts paid by Customer under this Agreement may include payments for future State-of-the-Art Technology Advancements under the terms and conditions of this Agreement.

Before order entry, GEMS will remove the Technology Obsolescence Commitment catalog number item(s) from this order and create a separate order for such catalog number item(s). However, payment terms shall remain the same as originally stated in the Quotation and payment for the Technology Obsolescence Commitment catalog number item(s) shall be included with the payment for the original order. Full payment for the Technology Obsolescence Commitment catalog number item(s) is due at the time of final payment under the original Quotation payment terms.

1 M80501VV Volume Viewer Plus software for X-ray and Vascular systems to add 3D functionality. For AW4.2/4.2P systems only. \$34,450.00

1 S18741GT Normal;{s1 heading 1;} Omega 5 Technology Upgrade to Tilt Capability \$48,750.00
Evergreen System State-of-the-Art Technology Advancement Program Catalog Number

- This purchasable program is provided to allow the customer to maintain their vascular system at a state of the art technology level.

- Terms

- This State-of-the-Art Technology Advancement Evergreen program is subject to the same payment terms as the rest of the quotation

- Expiration of Program Period

• \i1800\tx2160 Program expires 12 months after receipt of order

Evergreen State-of-the-Art Technology Advancement Commitment

• \i-195\i1995\tx2160 GE Medical systems will provide any State-of-the-Art Technology Advancement commercially available during the Program Period relating to tilt table technology.

- Customer is responsible for any room construction costs and downtime related issues associated with the installation and room renovation required to implement the State-of-the-Art Technology Advancement associated with this evergreen technology program.

- If no State-of-the-Art Technology Advancement becomes available during the Program Period, GEMS will refund any paid portions of the purchase price of this catalog number to the customer upon expiration of the program.

- Customer is responsible for the proper accounting of all payments made to GEMS in the manner required under any federal or state program that provides reimbursement to the Customer for or related to any products or services provided under this Agreement. Amounts paid by Customer under this Agreement may include payments for future State-of-the-Art Technology Advancements under the terms and conditions of this Agreement.

- Before order entry, GEMS will remove the Technology Obsolescence Commitment catalog number item(s) from this order and create a separate order for such catalog number item(s). However, payment terms shall remain the same as originally stated in the Quotation and payment for the Technology Obsolescence Commitment catalog number item(s) shall be included with the payment for the original order. Full payment for the Technology Obsolescence Commitment catalog number item(s) is due at the time of final payment under the original Quotation payment terms.

1 S18731PP Innova 3100 Plus Pack \$35,750.00

Innova Touch Screen Tableside Module

- Touchscreen control module

- Tableside productivity software

Innova Tableside System Controls (TSSC)

- Gantry position memories

- Collimator controls

- Landscaped roadmapping

- Fluoro levels
- Innova Smart Box or Smart Handle control
- Gantry and table steering
- Innova FluoroStore
- automatic last sequence storage
- Innova FluoroLoop
- One button playback of stored fluoro loops
- Innova Virtual Collimation
- Collimation visualized and controlled on stored images without additional fluoro

- 1 S18741BE InnovaBreeze Option (New Systems) \$26,000.00
- Acquisition Software
 - Continuous Panning from the control room while visualizing the subtracted contrast bolus
 - Control handswitches and cabling
 - Patient Strap Set
 - Advantage Paste - Innova Version on AW

Note: At least one day of applications training should be purchased to support this product.

Medrad Provis Injector (Pedestal-mounted)

- 1 E7018JP **Features / Benefits** \$21,839.20
- \fi-195\li195 Programmed microprocessor helps protect against over-volume, over-flow, over-pressure
 - Exclusive mechanical stop automatically sets and locks to physically limit injection to selected volume and is unaffected by electrical interruption
 - Large, bright control panel for easy reading in any lighting situation
 - Common protocols are stored to save time
 - Multiple Turret configurations for different volume studies
 - Wide range of fast and slow loading speeds

Specifications

- \fi-195\li195 Load rate 5-10 ml/sec variable speed
- Syringes, disposable: 60, 150, or 200 ml
- 105-120 VAC single phase, 60 Hz.

Compatibility

- \fi-195\li195 Stand alone - Angio & Cardio systems
-

Medrad Provis Injector (Ceiling-mounted)

- 1 E7018JT **Features/Benefits** \$29,200.00
- {*\pn\pn\vlbl\pnf2\pnindent360\pnxtb\B7}}\fi-360\li720 Programmed microprocessor helps protect against over-volume, over-flow, over-pressure
 - Exclusive mechanical stop automatically sets and locks to physically limit injection to selected volume and is unaffected by electrical interruption
 - Large, bright control panel for easy reading in any lighting situation
 - Common protocols are stored to save time
 - Multiple Turret configurations for different volume studies
 - Wide range of fast and slow loading speeds
 -
 - {*\pn\pn\vlcont\pnf2\pnindent0\pnxtb\B7}}
 - **Specifications**
 -
 - {*\pn\pn\vlbl\pnf2\pnindent360\pnxtb\B7}}\fi-360\li720 Load rate 5-10 ml/sec variable speed
 - Syringes, disposable: 60, 150, or 200 ml

- 105-120 VAC single phase, 60 Hz.
-
- {*\pn\pnlvlcont\pnf2\pnindent0\pntxtb'B7}}
- **Compatibility**
-
- {*\pn\pnlvlblf\pnf2\pnindent360\pntxtb'B7}}fi-360\li720 Stand alone - Angio and Cardio systems

Radiation Shields (Ceiling & Table-mounted)

1	E3053LH	Mavig Standard Track-Mounted Shield, 76 cm x 62 cm, 58 cm Column	\$10,399.20
1	E3053JA	Mavig Single Pivot Lower Body Protector	\$2,159.20

PRICING PROPOSAL

General Electric Company is pleased to submit this Pricing Proposal for budgetary purposes only. This Pricing Proposal will be valid until November 06, 2005, unless otherwise indicated herein. If you would like to place an order for the equipment listed herein, your GE Sales Representative will arrange for the preparation and submission to you of a formal GE Quotation, including applicable GE Terms and Conditions, Warranties, and Payment Terms, for your consideration. Only a formal GE Quotation may be used to create a binding order for this equipment. Upon request, your GE Sales Representative can also provide you with information concerning GE training, lease/finance and service agreement options.

"GE Company Proprietary and Confidential"